

*Dennis*

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>X-J. McCutchen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> <i>Debbie Burt</i> C. Date of Delivery <input type="checkbox"/> <i>10/11/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:  <b>Debbie Burt</b>  <b>Lee County Detention Center</b>  <b>2311 Gateway Drive</b>  <b>Opelika, AL 36801</b></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  <i>3:05CV919 (cmpl + order 40 days)</i>  <small>(Transfer from service label)</small></p>		<p>7005 1160 0001 3017 0552</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

*Dennis*

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>X-Jackie McCutchen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> <i>Sgt. Parkett</i> C. Date of Delivery <input type="checkbox"/> <i>10/11/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:  <b>Sgt. Parkett</b>  <b>Lee County Detention Center</b>  <b>2311 Gateway Drive</b>  <b>Opelika, AL 36801</b></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  <i>3:05CV919 (cmpl + order 40 days)</i>  <small>(Transfer from service label)</small></p>		<p>7005 1160 0001 3017 0569</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

*Dennis*

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <input type="checkbox"/> Addressee</p> <p>X <i>Jackie McCutcheon</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery  <i>10/11/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes    If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>10/11/05</p>	
<p>1. Article Addressed to:</p> <p>Tommy Threat    Lee County Detention Center    2311 Gateway Drive    Opelika, AL 36801</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number  <i>3:05cv919 (Comp + order to day)</i>  <small>(Transfer from service label)</small></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p>		<p>7005 1160 0001 3017 0538</p>	
		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

*Dennis*

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <input type="checkbox"/> Addressee</p> <p>X <i>J. McCutcheon</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery  <i>10/11/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes    If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>10/11/05</p>	
<p>1. Article Addressed to:</p> <p>Lt. Welch    Lee County Detention Center    2311 Gateway Drive    Opelika, AL 36801</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number  <i>3:05cv919 (Comp + order to day)</i>  <small>(Transfer from service label)</small></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p>		<p>7005 1160 0001 3017 0545</p>	
		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	